Pennsylvania Department of Health

| PLAN OF CORRECTION (POC) | | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001103 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 03/16/2023 | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------|--------------------------|----------------------------------------|--|
| NAME OF PROVIDER OR SUPPLIER: FOUR SEASONS ENDOSCOPY CENTER, INC. STATE LICENSE NUMBER: 14671501 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 100 KNOWLSON AVENUE BEAVER FALLS, PA 15010 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMEN MUST BE PRECEEL IDENT | | ID PREFIX TAG | CORRECTIVE ACTION SHOULD BE COMP. | | (X5) COMPLETE DATE | | |
| S 0000 | This report is the resusurvey conducted on I Seasons Endoscopy Conthe facility was in confider Pennsylvania Dand Regulations for A Annex A, Title 28, Pa Chapters 551-573, No. | our termined uirements 's Rules ilities, | S 0000 | | | | | |
| LABORATORY | DIRECTOR'S OR PROVIDER/SUPPL | JIER REPRESENTATIVE'S SIGN | JATURE | | TITLE: | (X6) DATE: | | |

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Certified End Page

FOUR SEASONS ENDOSCOPY CENTER, INC.

STATE LICENSE NUMBER: 14671501 SURVEY EXIT DATE: 03/16/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY